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### **FACSIMILE TRANSMISSION**

**DATE:** April 25, 2006

**TO:** Examiner Thoi V. Duong,  
@ U.S. Patent and Trademark Office

**FROM:** David W. Malloy  
@ F. Chau & Associates, LLC

**NO. OF PAGES TO FOLLOW:** 1

**MESSAGE:**

Re: U.S. Patent Application Serial No.: 10/814,955  
**THIN FILM TRANSISTOR SUBSTRATE FOR LIQUID CRYSTAL DISPLAY PANEL AND MANUFACTURING METHOD THEREOF**  
 Inventor: Jeon, Jin  
 Group Art Unit: 2871  
Our Docket: 8054-4 CON

Examiner Duong:

As per our discussion, attached hereto please find a Credit Card Payment Form for the Terminal Disclaimer Deficiency together with a Transmittal Form and a Fee Transmittal.

Please contact me if I can be of further assistance.

Thank you,

David W. Malloy

**IN CASE OF INCOMPLETE OR INADEQUATE TRANSMISSION, PLEASE CALL (516) 692-8888**

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PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing.)*

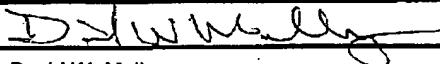
Total Number of Pages in This Submission

3

Application Number	10/814,955
Filing Date	March 31, 2004
First Named Inventor	Jeon, Jin
Art Unit	2871
Examiner Name	Duong, Thol V.
Attorney Docket Number	8054-4 CON (LW7020US-1/KY)

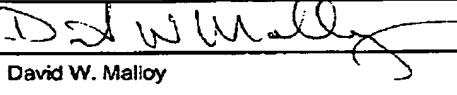
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Credit Card Payment Form
Remarks		
Payment of Terminal Disclaimer fee deficiency of \$20.00 per telephone communication with Examiner. Disclaimer filed March 11, 2005. Please Expedite.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	F. Chau & Associates, LLC		
Signature			
Printed name	David W. Malloy		
Date	April 25, 2006	Reg. No.	56,652

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	David W. Malloy	Date	April 25, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 20.00**Complete If Known**

Application Number	10/814,955
Filing Date	March 31, 2004
First Named Inventor	Jeon, Jin
Examiner Name	Duong, Thoi V.
Art Unit	2871
Attorney Docket No.	8054-4 CON (LW7020US-1/KY)

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0679 Deposit Account Name: F. Chau & Associates, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 1.20(d) Statutory Disclaimer-Deficiency 20.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	56,652	Telephone	516-692-8888
Name (Print/Type)	David W. Malloy			Date	April 25, 2006

Adjustment date: 03/14/2005 LWD: 10814555  
01 FEB 2006 10814555

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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